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NEONATAL BREAST ABSCESS – A CASE REPORT AND REVIEW OF LITERATURE

Afeyodion Akhator[1], Chuck P. Oside[1,2]
[1]Department of Surgery, Faculty of Clinical Medicine, College of Health Sciences, Delta State University, Abraka, Nigeria, [1,2]Department of Surgery, Central Hospital, Warri

INTRODUCTION

Breast abscess in the neonatal period is uncommon. When it does occur, it most commonly occurs in the first 5 weeks of life when the breast bud is still enlarged (Walsh and McIntosh, 1986). We present a case of neonatal breast abscess seen in our breast clinic.

CASE REPORT

A three week old female neonate brought to breast clinic with one week history of left breast swelling and redness. Both breasts were noticed to be swollen at birth and the birth attendant had been massaging both breasts to remove the 'milk' she believed was accumulated in them. There was no systemic symptom. She was a full term delivery of a para 5+0. The antenatal period was uneventful.

On examination there was enlargement of the left breast with erythema (Fig 1). The mass was fluctuant and tender. 7mls of thick pus was aspirated and sample sent for microscopy, culture and sensitivity. She was given co-amoxiclav (augmentin^{R}) syrup for seven days. The aspirate cultured staphylococcus aureus. She was followed up daily for 5 days but no repeat aspiration was necessary and the inflammation had completely resolved in this period.

DISCUSSION

Neonatal breast enlargement occurs in majority of neonate at birth. This is easily palpable in the first six months of life regardless of sex (Mckiernan and Hull, 1981). It is believed to be due to falling maternal estrogen levels at the end of pregnancy which triggers the release of prolactin from the pituitary of the newborn (Sainsbury, 2008). It usually resolves spontaneously over the period of a few weeks. However, the belief of expressing 'witches' milk from the breast is widely practice and can lead to mastitis and breast abscess (Ramachandraiah, 2000) as was in the case presented.

Neonatal breast abscess is usually unilateral and there is usually no systemic symptom (Rudoy and Nelson, 1975; Walsh and McIntosh, 1986) just as was the case with this patient.

Early cases of mastitis usually resolve with use of antibiotics but when an abscess is formed surgical drainage is needed. This can either be by incision and drainage (the incision should be placed as peripherally as possible to avoid damaging the breast bud) or by aspiration (Efrat, Mogilner, Iujtman *et al*, 1995). Aspiration was done for this patient and together with antibiotics resolved the infection.

Culture of the aspirate yielded staphylococcus aureus. This is consistent with other reports in the literature. Other causes of neonatal breast abscess are enterobacterium and Group B streptococci (Brook, 1991; Efrat, Mogilner, Iujtman *et al*, 1995).

CONCLUSSION

Counseling of both birth attendants and pregnant women about neonatal breast development will reduce the incidence of breast abscess in the neonate. Aspiration of the abscess and antibiotic coverage is recommended for treatment.



Figure 1 – Neonatal breast abscess

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Corresponding Author:
A. Akhator,
Department of Surgery, Faculty of Clinical Medicine, College of Health Sciences, Delta State University, P.M.B 1, Abraka, Nigeria

EMAIL: doc_akhator@yahoo.com